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UNCLAS E F T O SECTION 01 OF 02 CAIRO 000784

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STATE FOR NEA/ELA (NAFZIGER)  
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TAGS: [TBIO](#) [KSCA](#) [KFLU](#) [ECON](#) [EAGR](#) [PGOV](#) [EG](#)  
SUBJECT: BIRD FLU KILLS SECOND EGYPTIAN THIS MONTH

REF: CAIRO 413

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11. (SBU/NF) Summary: On April 11, the Ministry of Health and Population (MOHP) confirmed its sixth Human avian influenza (AI) case this year, the 49th overall, and the second in less than a week: a 30-year old woman from Al-Matarya in the Cairo Governorate. The woman's death, which made her the 22nd confirmed victim of the H5N1 virus, and that of a 19-year-old poultry worker who died last week, have raised new questions about the health of the country's poultry flocks and the effectiveness of the government's response to the disease. End Summary.

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Public Claims of Progress, Private Fears  
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12. (SBU/NF) The latest bird flu victim is the first in the Cairo area in about a year. Her death comes not long after Egypt's National Committee for Combating Bird Flu met and released a statement claiming avian influenza is in "continuous retreat" around the country. A MOHP official, who was at the Committee's March 27 meeting, told us shortly thereafter that the announcement notwithstanding, "many questions" remain concerning the true situation in the country's poultry flocks and the uncontrolled movement of poultry around the country (ref A).

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Sought Help, but didn't get it  
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13. (SBU/NF) In the last two human AI cases, both victims sought medical treatment soon after the onset of symptoms, but neither received Tamiflu in a timely fashion. The young poultry worker from Kafr Al-Dawar, in the Beheira Governorate, got sick March 30th. He sought help at a private clinic the following day, and then went to a private hospital, but did not receive Tamiflu until April 3, when he checked in to Alexandria Fever Hospital. Delays in administering Tamiflu in the latest case, involving the woman from Cairo, are also disturbing. She got sick April 12. According to the MOHP, beginning April 4, she sought help at least four different clinics and hospitals, including two government hospitals, over the course of several days. She eventually went to Abbasya Chest Hospital where, on April 9, she received Tamiflu. According to the MOHP, the woman and her family denied she had any contact with poultry until she arrived at Abbasya. Her family members then admitted that she

bought two chickens from the poultry shop in their building, attended the slaughtering there, then de-feathered and cleaned the birds at home.

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Six confirmed cases; three dead so far in 2008  
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14. (SBU) The MOHP confirmed four human AI cases (one from Minya, two from Fayoum, and one from Menoufiya) in late February and early March. According to the MOHP, the epidemiological investigations into those cases confirmed contact with sick or dead poultry in all but one: case number 45, a 25-year-old woman from the Sennoris District in Fayoum, who eventually died. Contact with sick poultry could not be ruled out, but the samples taken from poultry in the Sennoris District did not confirm the presence of the H5N1 virus. The investigations into the two recent cases confirmed contact with sick poultry.

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The good news  
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15. (SBU/NF) The MOHP and the Ministry of Agriculture and Land Reclamation (MALR) have been deploying Rapid Response Teams, including, in at least one case, a joint team, to the sites of all human infections this year. By all accounts, these teams are getting to the sites quickly, taking samples, doing solid epidemiological work, and bringing the samples safely back to the MALR's Animal Health Research Laboratory for testing. In the Menoufiya case, the MOHP asked NAMRU-3 to send a team to the site. NAMRU-3's team was on the road to Menoufiya a little over an hour after the request was made.

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MALR's Lab and the MOHP's Central Lab are employing sound methods and getting reliable results. While Egypt trails only Indonesia in the number of human AI cases this year, the number is down 62.5% compared to April last year.

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But the real question: not why so many cases, but why so few  
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16. (SBU/NF) Women and children, those who work and play closest to the birds, continue to bear the brunt of the disease in Egypt. The virus has killed 22 Egyptians, 20 of them women or young girls. During a recent trip to Kafr Al-Dawar, we saw hundreds of women and young girls, entangled with thousands of ducks and chickens, along the canal road between Damanhoeur and Abu Hommus near Kafr Al-Dawar, the home of one of the recent victims. The vaccination program hasn't worked. The latest case from Cairo is evidence that the disease is not limited to the rural areas of the country: the woman bought the sick birds from a shop located on the ground floor of her building. Additionally, we understand MALR recently conducted tests on birds from ten poultry shops and nine open markets in Alexandria. Over 40% of the shops and markets tested had infected birds. One physician, who has been working closely on the AI issue in Egypt, told us he often hears people asking why Egypt has had so many human AI cases, trailing only Indonesia and Vietnam. He said the better question is why it has had so few. In his opinion, the answer is simple: the virus circulating here does not now move easily from poultry to people.

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Uncontrolled movement of sick birds  
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17. (SBU/NF) As reported in ref A, MOHP officials remain very concerned about uncontrolled poultry movement around the country. On April 15, Egyptian media reported a gun battle took place at a checkpoint in Shabramant, Giza between police, who stopped a convoy of trucks, and a gang smuggling

820 uninspected live chickens infected with the disease.

18. (SBU/NF) COMMENT: The GOE has a long history of hiding environmental and health problems from the public, a fact confirmed recently by a leading Egyptian scientist who has dealt with these issues at the highest levels for over twenty years. The scientist told us that State Security has blocked disclosure of information about environmental and health issues. The MOHP has, however, made great strides toward transparency when it comes to bird flu matters. The disclosure that the last victim sought but did not receive treatment at several hospitals may be a good example of this new transparency. We do not understand how two government hospitals failed to administer Tamiflu in the most recent case. The reports that the victim denied any contact with birds, even if true, are no excuse for non-treatment. Egyptian bird flu victims usually deny contact with sick poultry if for no other reason than to avoid the culling that inevitably follows the discovery of a human case. Moreover, the latest victim apparently did not keep live birds in her home and, as a result, she had no compelling motive to lie about exposure. USAID will be meeting with the MOHP this week to discuss the latest case and the issues it raises. The case from Cairo and the recent test results from Alexandria confirm that the H5N1 virus is present in force in Egypt's urban areas and that it will continue to claim victims. END COMMENT.  
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